

III. ADDITIONAL COMMENTS AND SIGNATURE (see instructions)

A. Additional Comments (attach additional sheets, if necessary)

B. Signature of Authorized Representative

This application MUST be signed by an Authorized Representative who is:

For a corporation - The owner, the proprietor for a sole proprietorship, a senior member or manager of a limited liability company, a general partner for a partnership, a principal executive officer of at least the level of vice-president or their authorized representative responsible for the overall operation of the facility.

For a publicly owned treatment works - A principal executive officer, ranking elected official or other duly authorized employee.

I certify that the information contained in this document and all attachments was gathered and prepared under my supervision and based on inquiry of the people directly under my supervision that, to the best of my knowledge, the information is true, accurate and complete.

1. Signature _____

2. Date _____

3. Typed/Printed Name _____

Title _____

Telephone Numbers (____) _____ - _____, FAX (____) _____ - _____

4. Mailing Address

☐ Facility Mailing Address, ☐ Facility Location Address ☐ Owner or Responsible Party Mailing Address, or ☐ Other (provide below)

Company Name _____

P.O. Box, Number and Street or Route _____

City or Village, State and Zip Code _____

5. Preparer's Name (if different than authorized representative) _____

INSTRUCTIONS

Additional Comments Section

You may use this section of the application to report any information that is not specifically requested by this application, but that you believe is pertinent to the reissuance of your WPDES permit.

Signature of Authorized Representative Section

The application must be signed and dated by an authorized representative of the permitted facility who is: the owner, the proprietor for a sole proprietorship, a senior member or manager of a limited liability company, a general partner for a partnership, a principal executive officer of at least the level of vice-president or their authorized representative responsible for the overall operation of the facility for a corporation, or a principal executive officer, ranking elected official or other duly authorized employee for a publicly owned treatment works.

Provide contact information for the Authorized Representative.

If someone other than the Authorized Representative provided much of the information for or prepared the application, provide that person's name.